

COUNTY OF LAKE

COMMUNITY DEVELOPMENT DEPARTMENT

Courthouse - 255 N. Forbes Street · Lakeport, California 95453 · FAX (707) 263-2225 Building & Safety Division (707) 263-2382 · Planning Division (707) 263-2221

VALLEY FIRE: TEMPORARY DWELLING PERMIT APPLICATION

Assesso	or's Parcel #	Application #			
PROJE	CCT LOCATION:				
	<u> </u>	CITY:			
		PRESENT USE OF LAND:			
		Y MH OR RV REQUESTED:			
	OCCUPANT INFORMATION	CONTRACTOR INFORMATION			
NAME		BUSINESS: OWNER/BUILDER: □Y □N			
	SS:	CONTACT: LICENSE #:			
	STATE:	ADDRESS:			
	PHONE: (CITY: STATE:			
		ZIP: PHONE: ()			
PROF	PERTY OWNER INFORMATION (IF NOT APPLICANT)	AGENT INFORMATION			
		NAME:			
	SS:	ADDRESS:			
CITY:	STATE:	CITY: STATE:			
ZIP:	PHONE: ()	ZIP: PHONE: ()			
E-MAIL:		E-MAIL:			
_	the owner of the project location, I hereby au [CANT'S SIGNATURE:	thorized this applicationDATE:			
This To	mporary Dwelling Permit shall be subject to the follow	wing torms and conditions:			
11115 1 6	imporary Dweiling Fermit shall be subject to the follow	wing terms and conditions.			
1. 2.	The applicant agrees to obtain all applicable building, health, and sewer and/or water department and agency clearances prior to occupancy of the temporary Manufactured Home or Recreational Vehicle. The applicant agrees that this approval is for temporary housing until such time that their home is reconstructed, and that the authorization for use as temporary housing shall expire on October 1, 2018, or upon recession the Governor's Executive Order B-25-15, or upon completion of reconstruction of their home (whichever occurs first).				
3.	The Community Development Director may revoke	the permit in the future if the Director finds that such permit was			
J.		conditions upon which such permit was granted has been violated;			
		so conducted as to be detrimental to the public health, safety, or			
	general welfare or as to be a nuisance.	so conducted as to be detrimental to the public health, safety, or			
every		EPTANCE of this temporary dwelling permit and agree to each and DATE:			
71111	Territ s storm one.				
PROP	ERTY OWNER'S SIGNATURE:	DATE:			
	· -	that the temporary dwelling permit requested does (), does			
	•	implemented by FEMA, California HCD and the County of			
Lake, a	and hereby issues (), denies (), said permit.				
Date:_	Ву:				
	Title:				
Comm	nents:				

FOR DEPARTMENT USE ONLY

AGENCY APPROVALS			DATE FAXED TO SPECIAL DIST	
1. SEWER DIST.:	Faxed App:	Initials:		
WATER DIST.:	Faxed App:	Initials:	. <u></u>	
2. ENVIRONMENTAL HEALTH				
Verified WELL PERMIT:	Verified	SEPTIC PERMIT:	EH Approval prior to Occupancy	
	nner: SETE DE 1: SIDE 2:		ROAD C/L: REAR: E:	
4. CALFIRE: SRA - All Zone /	LRA – VHFSZ / OTHER	– LRA		
5. BUILDING DIVISION: INTIA	ils: V	erification of Type of l	Unit: □MH □ RV □ Other:	*
*NOTE: If not MH or Qu		tion Plans and Permi NING PERMIT SITE P	-	

In the space provided above, please provide a site plan for the proposed zoning permit use. Site plans should be drawn approximately to scale and should include the following items, when applicable:

- A. A north arrow
- B. Approximate lot dimensions and lot lines
- C. Location of residence to be re-built on the property
- D. Location of proposed FEMA MH or Recreational Vehicle
- E. Location of driveway and parking areas
- F. Adjacent public and private streets
- G. The type and location of existing on-site waste disposal and water services.